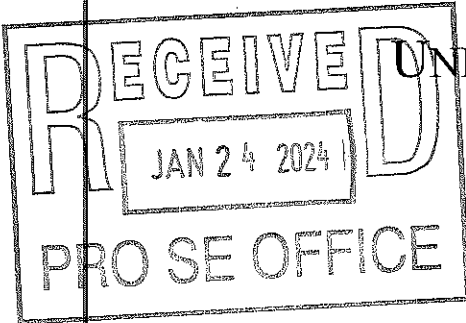


Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)



UNITED STATES DISTRICT COURT

for the Southern

District of NEW YORK

AND - Division

Case No.

(to be filled in by the Clerk's Office)

FELIPE ACEVEDO

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v- CITY OF NEW YORK,

(N.Y.P.D) 25TH Precinct,
HARLEM HOSPITAL.

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

RECEIVED
CIVIL RIGHTS DIVISION
JAN 24 2024

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Felipe Acevedo
 All other names by which
 you have been known: _____
 ID Number 67247-054
 Current Institution Metropolitan Detention Center - 80-29th Street
 Address _____
Brooklyn Ny 11232
 City State Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name City of New York
 Job or Title (*if known*) _____
 Shield Number _____
 Employer _____
 Address _____
New York Ny _____
 City State Zip Code

☐ Individual capacity ☒ Official capacity

Defendant No. 2

Name Harlem Hospital
 Job or Title (*if known*) _____
 Shield Number _____
 Employer _____
 Address 506 Lenox Avenue
Ny Ny 10031
 City State Zip Code

☒ Individual capacity ☒ Official capacity

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Defendant No. 3

Name

(N.Y.P.D.) 25TH Precinct

Job or Title (if known)

Shield Number

Employer

Address

120 East 119 Street

NY
CityNY
State10035
Zip Code☒ Individual capacity☐ Official capacity

Defendant No. 4

Name

Job or Title (if known)

Shield Number

Employer

Address

City

State

Zip Code

☐ Individual capacity☐ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

5th Amendment violation cover and unusual punishment,

4th Amendment violation

14th Amendment violation

Violation of constitutional rights.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

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- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

City officials (NYPD) violated 42 U.S.C. § 1983 when they acted under color of state law by interrogating Plaintiff under duress also by moving Plaintiff from cell to cell without proper medical attention knowing Plaintiff had gun shot wounds, that were not treated for. Harlem hospital acted under color of state law by treating Plaintiff for gun shot and discharging Plaintiff with broken bones. The city of New York acted under color of statute, & custom by employing negligent city officials

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☒ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

120 E 119 St NY - (NYPD) 25th Precinct between the 5th or 6th of August 2003 First 2 weeks of August. Where officers were negligent in their duty. Harlem Hospital 506 Lenox Avenue NY, NY 10037, treated for gun shot wounds discharged with broken bones

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

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C. What date and approximate time did the events giving rise to your claim(s) occur? First 2 weeks of August 2023 Approximately 2AM.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?) (NYPD) acted Negligent by not seeking medical attention for Plaintiff with gunshot wound and interrogating Plaintiff under duress. Harlem hospital acted Negligent by treating Plaintiff for a gunshot wound and informing Plaintiff he had no broken bones and discharging Plaintiff to (N.Y.P.D) with broken bones.

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Gun shot wound which required surgery was treated at hospital and informed by hospital no broken bones were seen. Plaintiff was discharged from hospital with broken bones from his gun shot wound Plaintiff now has Severe Permanent damage to his foot from gun shot wound.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Compensatory Damages in the amount of 15 Million dollars. for Permanent disfigurement, Scarring, Physical trauma, emotional trauma, Pain and Suffering, Mental Pain, and Mental trauma, Punitive Damages Pain and Suffering, Mental trauma, flashbacks, Nerve damage, mental pain, Paranoid condition, emotional trauma,

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☐ Yes

☒ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☐ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

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- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☐ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

2. What did you claim in your grievance?

3. What was the result, if any?

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

 2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)
VIII Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

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☐ Yes☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

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IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

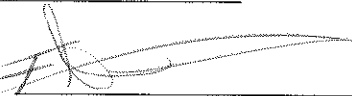
Date of signing: _____

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address



FELIPE ACEVEDO

67247-054

M.D.C. 80-29ST

Brooklyn

City

NY

State

11232

Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number


E-mail Address

AFFIDAVIT OF SERVICE

STATE OF NEW YORK

COUNTY OF KINGS

I, felipe acevedo , acting pro se under penalty of perjury, being duly sworn deposes and says,


THAT ON 01/16/2024 idid infact place the original 42 u.s.c.1983 civil rights action application to the pro se intake unit in the mail box at M.D.C. BROOKLYN  80 29th street brooklyn new york 11232

to be duly carried to the following parties,

ORIGINAL AND COPY

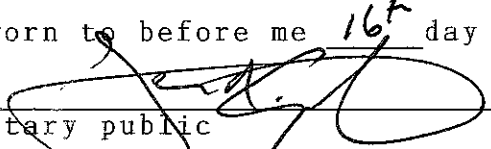
COURT CLERK. RUBY J. KRAYICK
DANIEL PATRICK MOYNIHAN
UNITED STATES COURT HOUSE
500 pearl street
new york new york 10007_1312

court clerk new york state of claims
p.o. box 7344 capitol station
albany new york 12224


AKOSUA K GOODE
NEWYORK STATE OFFICE OF THE ATTORNEY GENERAL
 28liberty street
new york new york 10005

sworn to before me 16th day of Jan., 20 24

notary public


STEPHEN A. ESPINET
Notary Public, State of New York
No. 01ES6194593
Qualified in Kings County
Commission Expires October 6, 2024

very truly


pro se claimant
mdc brooklyn
80 29th
brooklyn new york 11232

To The Clerk Of Court I AM PUTTING
THESE FEW LINES TO INFORM YOU THAT ON
MY AFFIDAVIT OF SERVICE I PUT THE
ATTORNEY GENERAL AND THE STATE OF CLAIMS
BOTH WHICH ~~ARE~~ WHO ARE NOT GOING TO GET
ANY OF THIS DUE TO THE FACT THIS CLAIM IS A
FEDERAL CLAIM NOT A STATE CLAIM.

PLEASE ALLOW ME THIS BRIEF MOMENT TO APOLOGIZE
FOR THIS MISTAKE. THANK YOU FOR YOUR TIME, EFFORT
AND CONCERN IN THIS MATTER.

Respectfully From
Felipe Acevedo #67247054

Settled Account #61247059
H.D.C. Brooklyn
P.O. Box 329002
Brooklyn N.Y. 11323

LEGAL MAIL JAN 23 2024

RECEIVED BY J. Kennedy (Globe Leek)
Daniel Patrick Moynihan
Box Pearl Street
New York, New York 10007-1312

RECEIVED MAIL

7013 7210 0002 5621 8205

